

Missouri Viral Hepatitis Action Plan

2015-2018

Working towards breaking the silence of the Viral Hepatitis epidemic while preventing infection and disease progression.

Priority 1: Educate Providers and Communities

Objective A: Identify and educate a health care workforce prepared to prevent and diagnose viral hepatitis and provide care and treatment to infected persons.		
Strategy: Provide educational resources, encourage provider training participation and provide other support as needed. [1]		
Action Steps	Timeline	Progress
a. Conduct surveys of providers to identify gaps in provider training needs and materials. [2]	Survey FQHCs by end of 2015	
b. Disseminate educational training tools and materials. [3]	By April 2016	
c. Offer train the trainer education for Division of Youth Services staff so they may educate their clients.	Offer by Mid 2015, host training if/when available	
Strategy: Enhance collaboration with professional organizations.		
Action Steps	Timeline	Progress
a. Identify and seek to engage new partners in responding to viral hepatitis, especially those with the ability to reach populations most impacted by viral hepatitis.	Identify one by end of 2015, Continue to identify and seek to engage in 2016 and beyond	
b. Utilizing the Department of Mental Health listserve, provide education information to behavioral health and substance abuse centers/providers.	By October 2015	
Objective B: Educate communities about viral hepatitis prevention, care and treatment.		
Strategy: Conduct public education and awareness activities.		
Action Steps	Timeline	Progress
a. Attend events to exhibit and provide appropriate viral hepatitis prevention materials to target populations.	Ongoing	
b. Promote Centers for Disease Control and Prevention (CDC) hepatitis campaign materials to help spread the word about the importance of getting tested for hepatitis.	Ongoing	
c. Develop messages for Public Service Announcements (PSAs), billboards and other types of media, publish as funding allows.	Develop by mid 2016 and beyond	

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d. Encourage creation of local support groups within communities (such as access to recovery groups and faith-based groups).	By end of 2015	
e. Encourage groups who perform HIV testing provide hepatitis C information.	By end of 2015	
Strategy: Support communities in the prevention, care and treatment of viral hepatitis.		
Action Steps	Timeline	Progress
a. Make available a guide to provide available resources to those affected by viral hepatitis.	By end of 2015	
b. Reach out to Community based organizations (CBOs) for collaboration to meet community educational needs.	By end of 2015 and beyond	
c. Continue to build partnerships to expand the ability to reach populations most impacted by viral hepatitis. [4]	Ongoing	
Strategy: Organize activities to promote observances.		
Action Steps	Timeline	Progress
a. Promote the annual observance of Hepatitis Awareness Month (May) by utilizing key messages throughout the month in multiple avenues.	Every year in May	
b. Promote the annual observance of National Hepatitis Testing Day (May 19) through multiple avenues.	Every year in May	
c. Promote the annual observance of World Hepatitis Day (July 28) through multiple avenues.	Every year in July	

Priority 2: Improve Testing, Care and Treatment to Prevent Liver Disease and Cancer

Objective A: Identify persons infected with viral hepatitis early in their disease.		
Strategy: Promote testing as a standard of care.		
Action Steps	Timeline	Progress
a. Provide information to providers on adopting CDC/USPSTF* viral hepatitis testing and care recommendations and encouraging their usage in clinical settings as a standard of care.	By End of 2015	
b. Identify opportunities to increase provider awareness and utilize existing training, tools and model programs.	By Mid 2016	
Objective B: Link and refer persons infected with viral hepatitis to care and treatment.		

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Strategy: Improve linkage to care.		
Action Steps	Timeline	Progress
a. Conduct surveys to identify gaps in provider training needs and materials, as it relates to linkage to care.	By End of 2016	
b. Promote agency follow up and linkage to care when conducting viral hepatitis testing.	By Mid 2016	
Strategy: Increase efforts to provide care and treatment to hepatitis B-infected mothers.		
Action Steps	Timeline	Progress
a. Assess the health care needs of chronically infected mothers and address as needed.	Ongoing	
b. Provide educational information to organizations/providers regarding the importance of women being screened for hepatitis B during <u>every</u> pregnancy.	By Mid 2016	
c. Provide educational information to high risk groups and/or agencies that provide services to high risk groups (Asian Pacific Islanders, HIV/HCV/STD infected persons) regarding how to prevent hepatitis B transmission, especially mother to child transmission of hepatitis B.	By End of 2016	
Objective C: Improve access to quality care and treatment for vulnerable populations.		
Strategy: Improve care and treatment in primary care settings.		
Action Steps	Timeline	Progress
a. Utilize primary care networks, annual meetings, or other outlets to share updates in hepatitis care and treatment.	By Mid 2017	
b. Make available to primary care settings, culturally and linguistically relevant viral hepatitis materials for populations at risk for viral hepatitis.	By Mid 2017	

Priority 3: Strengthen Surveillance to Detect Viral Hepatitis Transmission and Disease

Objective A: Monitor associated health disparities and disease.		
Strategy: Promote routine reporting to identify disease and assist with outbreaks.		
Action Steps	Timeline	Progress
a. Collaborate with stakeholders to identify potential outbreaks. [5]	Ongoing/As needed	
b. Ensure a point of contact is provided for fielding questions if an outbreak occurs.	Ongoing	
c. Educate stakeholders on reporting viral hepatitis in accordance with public health	By Mid 2016	

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and communicable disease requirements.		
d. Collaborate with public health authorities to improve surveillance data completeness and quality.	By End of 2016	
Strategy: Monitor prevention and testing services.		
Action Steps	Timeline	Progress
a. Ensure testing facilities receive appropriate training for counseling and testing.	By Mid 2017	
b. Request and analyze data from available viral hepatitis testing sources.	Ongoing	
c. Provide quality assurance activities to promote accurate testing and data reporting.	By End of 2015	
Objective B: Develop and implement new surveillance tools.		
Strategy: Support the development of standardized definitions and data collection.		
Action Steps	Timeline	Progress
a. Provide agency staff with recommendations and definitions as they are updated.	Ongoing/As needed	
b. Utilize electronic health record technology as available.	Ongoing	
c. Collaborate with public health authorities to improve surveillance data completeness and quality.	By Mid 2016	

Priority 4: Eliminate Transmission of Vaccine-Preventable Viral Hepatitis

Objective A: Eliminate mother-to-child transmission of hepatitis B.		
Strategy: Identify and protect mothers by enhanced (continued) monitoring (Case Management).		
Action Steps	Timeline	Progress
a. Identify pregnant women who have risk factors for hepatitis B and educate them regarding the importance of vaccinating their infants.	Ongoing	
b. Encourage/provide testing and vaccination to mothers-to-be for hepatitis B during each pregnancy (even if previously tested).	Ongoing	
c. Provide education to service providers that interact with pregnant women on how to notify the Perinatal Hepatitis B Prevention Program of HBsAg (hepatitis B surface antigen) positive women for case management. (Contact local health department or fax CD1 form to 573-751-6447)	By End of 2015	
d. Recommend vaccination in clinical settings that serve priority populations.	By End of 2015	

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Strategy: Identify and protect infants by enhanced (continued) monitoring. (Case Management)		
Action Steps	Timeline	Progress
a. Identify infants up to 24 months old born to hepatitis B positive women that may not have been reported to the health department for follow up and report those infants for case management follow up. (i.e. foreign born infants)	Ongoing	
Strategy: Conduct provider education and public outreach.		
Action Steps	Timeline	Progress
a. Provide education to medical providers about mother to child transmission of hepatitis B.	By Mid 2016	
b. Collaborate with public health and community stakeholders to educate, screen and vaccinate priority populations.	By Mid 2017 and after	
c. Educate providers and community about the preventive benefits and coverage provisions of the Affordable Care Act.	By End of 2016	
Objective B: Work to vaccinate all vulnerable youth and adults.		
Strategy: Work with providers who serve these populations.		
Action Steps	Timeline	Progress
a. Disseminate federally developed recommendations, guidelines, and campaign materials.	Ongoing	
b. Disseminate brochures including: 'Protect Yourself Hepatitis Information for gay and bisexual men' and 'STOP Liver Cancer'.	Ongoing	

Priority 5: Reduce Viral Hepatitis Caused by Drug Use Behaviors

Objective A: Develop community resources to prevent or reduce the spread of viral hepatitis in persons who use drugs.		
Strategy: Provide training and education for recovery and treatment providers.		
Action Steps	Timeline	Progress
a. Develop training for recovery and treatment providers on viral hepatitis and updates.	By End of 2015	
b. Present as requested, viral hepatitis education to participants in treatment or recovery programs.	As needed	

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Strategy: Integrate behavioral health and hepatitis services.		
Action Steps	Timeline	Progress
a. Identify agencies for integrating hepatitis education and risk factors into current programs.	By Mid 2016	
b. Advise in the development of training tools and curricula for behavioral health agencies regarding viral hepatitis.	By End of 2016	
Strategy: Utilize prevention opportunities to address hepatitis C transmission in young drug users.		
Action Steps	Timeline	Progress
a. Identify barriers to reaching young drug users (under 30 years of age).	By Mid 2016	
b. Make available culturally and age-appropriate risk reduction messages for young people who are at risk of transitioning to injecting drug use or are currently injecting.	By End of 2016	
c. Seek out partnerships with Youth Advisory Committees (YACs) to educate youth as peer-to-peer trainers.	By Mid 2016	
d. Collaborate with local community partners from the addictions and recovery communities (adult and adolescent), public health authorities, syringe exchange programs, opioid substitution providers, and other allies to support increased viral hepatitis education and services for people who inject drugs.	By Mid 2016	
Objective B: Expand access to and delivery of hepatitis prevention, care and treatment services in correctional settings.		
Strategy: Increase availability of viral hepatitis services in correctional facilities.		
Action Steps	Timeline	Progress
a. Seek out partnerships with correctional facilities to educate about and encourage the provision of hepatitis services. [6]	Ongoing	
b. Encourage CBO Medical Directors to collaborate with corrections to provide services as funding allows.	By Mid 2016	
c. Engage in conversation about developing a Peer-to Peer training for viral hepatitis in correctional facilities.	By Mid 2016	
Strategy: Increase availability and enrollment of corrections staff training.		
Action Steps	Timeline	Progress
a. Encourage and/or provide training to correctional facility staff on viral hepatitis as funding allows.	Ongoing	

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Priority 6: Protect Patients and Workers from Health-Care Associated Viral Hepatitis

Objective A: Reduce transmission of viral hepatitis resulting from misuse of medical devices and drugs.		
Strategy: Promote medical device safety.		
Action Steps	Timeline	Progress
a. Promote routine updates and conducting of provider trainings in infection control.	By Mid 2017	
b. Promote the 'One and Only' campaign.	Ongoing	
Strategy: Boost provider education on and awareness of infection control and injection safety.		
Action Steps	Timeline	Progress
a. Encourage the use of policies for continued infection control trainings.	By Mid 2017	
b. Encourage the use of policies for vaccinating all health care workers for hepatitis A and B.	By Mid 2017	

This document was created by the Missouri Department of Health and Senior Services, Viral Hepatitis Program and the Missouri Viral Hepatitis Committee.

*United States Preventive Services Task Force (USPSTF)

[1] Other support could be CME/CEU etc.

[2] Suggested target audience are Federally Qualified Health Centers, Community Health Centers, Local Public Health Agencies, Community mental health/treatment centers, primary care and may include others.

[3] Examples... Free CME online trainings, Risk assessment weblink, free resource and educational materials.

[4] Can include testing and educational services.

[5] Other stakeholders include Local Public Health Agencies, State Lab, Community Partners and DHSS Bureaus of Communicable Disease and Reportable Disease Informatics.

[6] Correctional facilities can include working with facility medical service providers, probation and parole, county jails, state prisons, juvenile detention centers, or re-entry centers.